

COMMONLY ASKED FSA QUESTIONS

CAN I MAKE A CHANGE TO MY FSA ELECTION AFTER THE START OF THE PLAN YEAR?

Per IRS regulations, you are only eligible to change your annual election during an open enrollment period. Once the plan year has started, you cannot change your annual election unless you have experienced a Qualifying Life Event (QLE). A qualifying life event is one of the following:

- › A change in marital status, such as marriage, divorce, or death of your spouse.
- › A change in the number of your dependents, such as a birth or adoption of a child or a death of a dependent.
- › A change in employment status for you, your spouse, or dependent that affects eligibility.
- › An event that causes your dependent to satisfy or cease to satisfy an eligibility requirement (i.e., dependent turning 26 years old).
- › A change in residence for you, your spouse, or dependent.

Refer to your employer benefit representative to ensure the qualifying life events listed above are eligible under your employer's plan.

HOW DO I USE THE AMOUNT THAT I ELECTED FOR MY HEALTH FSA ACCOUNT?

There are a couple of ways to access and use the money that you have set aside in your Health FSA.

The first way is to use the OneBridge Visa® Benefits Card to pay your service provider for qualified health expenses for you, your spouse, and dependents. Please refer to the OneBridge Visa® Benefits Card Frequently Asked Questions resource located on the participant portal for further information on how to obtain and use the OneBridge Visa® Benefits Card.

The second way is to personally pay your service provider for qualified health expenses for you, your spouse, and dependents. You should obtain supporting documentation for the expense, and submit that supporting documentation for reimbursement. Refer to the questions and answer below on how to do this.

HOW DO I SUBMIT SUPPORTING DOCUMENTATION TO BE REIMBURSED FOR MY QUALIFIED HEALTHCARE OR DEPENDENT CARE EXPENSES?

After the plan becomes effective, you can quickly and easily submit claims either through the participant portal, which can be accessed via the myonebridge.com website, or through our iOS or Android mobile applications (HRAgo®).

If you prefer, you can also submit a paper claim form via regular mail as indicated on the OneBridge Healthcare Reimbursement Form. The claim form is included in this Enrollment Guide, available on the participant portal under the Resources tab, as well as available by calling our customer care center.

COMMONLY ASKED FSA QUESTIONS CONT.

HOW DO I CHECK THE BALANCE OF MY ACCOUNT AND/OR STATUS OF MY CLAIM?

At any time you can log into your account at myonebridge.com to check the balance of your account and view the status of your claim. You also have the ability to manage your account preferences such as direct deposit.

WHAT IS THE DIFFERENCE BETWEEN A GRACE PERIOD AND A CARRYOVER?

A grace period is a designated time period after the end of the plan year that allows you to incur services and be reimbursed with funds remaining in the prior plan year. The grace period cannot be greater than 2½ months after the end of the plan year but can be shorter if elected by your employer. Health FSA plans are not required to have a grace period but are rather an employer election.

A carryover in an employer's FSA plan allows up to \$500 to be rolled into the next plan year if the funds are not used. The rollover funds are added to the available balance in the new plan year and can be used to reimburse expenses with a date of service in the new plan year. Funds that have rolled into the new plan year do not count towards the election maximum for that plan year, so the participant can elect up to the plan maximum and then have rollover funds added to the available balance. Rollover only applies to a Health FSA. Additionally, any funds over \$500 will be forfeited to the employer if not claimed.

While it is up to the employer to choose if they would like to add the grace period or rollover feature to their FSA, an employer plan cannot have both features for the Health FSA. Please refer to your Summary Plan Description provided by your employer to determine if either option is applicable to your plan.

WHAT HAPPENS IF I DO NOT USE ALL THE MONEY IN MY ACCOUNT?

According to IRS rules, except for carryover funds (as discussed in the previous question), Health FSA funds that are not claimed during the plan year (including the grace period) are forfeited to the employer. Funds are not transferable and they are not available for other benefits.



BENEFITS CARD QUESTIONS & ANSWERS

The OneBridge Visa® Benefits Card provides for a quick and easy way to access your Health and Dependent Care benefit account(s). The funded card provides a payment method that avoids the process of filing claims and waiting for reimbursement. With the convenience of using a single card, the Benefits Card is available for all of the OneBridge administered benefits, like:



- › Health Flexible Spending Account (FSA)
- › Dependent Care FSA
- › Limited Purpose FSA
- › Health Reimbursement Arrangement (HRA)
- › Limited HRA

WHAT TYPES OF TRANSACTIONS ARE USUALLY VERIFIED AUTOMATICALLY WITHOUT DOCUMENTATION?

Claims will be automatically substantiated for merchants using the Inventory Information Approval System (IIAS). Refer to <https://sig-is.org/> for listing of IIAS Merchants. Other expenses that may not require the submission of receipts are flat-dollar copays (in increments of \$5) and prescriptions. Even if a charge falls under these categories, it does not guarantee automatic substantiation or that the expense is eligible under the terms of the plan, so please save your supporting documentation.

CAN I SUBMIT DOCUMENTATION JUST ONCE FOR AN EXPENSE I PAY ALL THE TIME?

Yes, you can use our convenient “recurring payment” feature. You will need to provide sufficient support for the first transaction and following transactions for the same dollar amount at the same provider or merchant will be auto-substantiated. To set this up, simply check the Recurring Payment box when uploading supporting documentation for card transactions.

CAN I USE MY CARD FOR OVER-THE-COUNTER (OTC) DRUGS OR MEDICINES?

Yes. Section 3702 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which Congress passed on March 27, 2020, now allows Health FSAs to be used to purchase over-the-counter (OTC) drugs and medicines, without a prescription. These changes are permanent and are retroactive for all purchases of this type made after December 31, 2019.

Over-the-counter products and devices other than drugs or medicine will also still constitute an Eligible Medical Expense.

HOW CAN I GET THE BENEFITS CARD TO USE FOR MY HEALTH FSA OR DEPENDENT CARE FSA BENEFITS?

At the beginning of your employer’s plan year, you will either receive a new card to access your FSA account(s) or your elected funds will be added to your current Benefits Card. (Used for your HRA account.) For those that elect a Health FSA, you will have access to your full election on your Benefits Card at the beginning of the plan year. For those who have a Dependent Care FSA, your election will be funded to your Benefits Card as payroll withholdings occur.

BENEFITS CARD QUESTIONS & ANSWERS CONT.

CAN I USE MY CARD FOR MY SPOUSE OR DEPENDENTS?

Yes, you can use your card to pay for qualified expenses for you, your spouse, and dependents. You can also request separate cards for your spouse and/or dependents. If your spouse or dependent currently has a Benefits Card to access your HRA benefits, they will also have access on their card to all your benefit accounts (Health FSA and Dependent Care FSA).

WHAT TYPES OF EXPENSES CAN BE PAID WITH MY CARD?

You can use your card to pay for qualified expenses covered under your benefit plan. If you have an HRA or Health FSA, you can use your card to pay for qualified healthcare expenses including office visits, prescriptions, lab work, hospital stays, dental and vision services, etc. Your card can also be used at most grocery stores and pharmacies but will only be able to be used for qualified healthcare expenses like prescriptions, bandages, sunscreen, etc. See Health FSA Expense table for a complete list of qualified expenses.

Also, your HRA plan may allow you to use your benefit to pay for qualified insurance premiums and if that is the case, you will be able to use your debit card to pay for those. If you have enrolled in a Dependent Care FSA account, the card may be used at merchants categorized as childcare services or elementary and secondary schools.

IF I HAVE MULTIPLE BENEFIT ACCOUNTS (I.E., HRA, HEALTH FSA, DEPENDENT CARE FSA), HOW DO I KNOW WHICH BENEFIT ACCOUNT WILL BE USED WHEN I SWIPE MY BENEFITS CARD?

If you have multiple health accounts (i.e., HRA and Health FSA) on your Benefits Card, and your healthcare expense qualifies under both plans, your Benefits Card ensures that your Health FSA funds are used first to avoid losing those funds at the end of the plan year. Once your Health FSA funds are exhausted, your HRA funds will be used. This allows for you to maximize your benefit.

If you have an expense that is qualified under one benefit account and not the other, the charge will automatically be applied against the account under which it is qualified. For example, if you are paying for a qualified insurance premium permitted under your HRA plan, it will be applied against your HRA plan. Further, if you are paying for daycare at a child care provider or elementary school, it will be applied against your dependent care FSA.

DO I NEED TO SUBMIT SUPPORTING DOCUMENTATION FOR MY DEBIT CARD TRANSACTION?

Sometimes. Despite being allowed to use your Benefits Card at many qualifying merchants, the IRS requires us to obtain additional supporting document under certain circumstances. As a best practice, you should always save your supporting documentation in case we need copies.

HOW WILL I KNOW IF FURTHER DOCUMENTATION IS REQUIRED?

We will let you know by e-mail or by push notification (on your mobile phone) if we need supporting documentation. Also, you can always log into your account at myonebridge.com or through the HRago® mobile application to see if additional supporting documentation is required.

WHAT IF MY CARD IS LOST OR STOLEN?

You should immediately call us at **1-888-338-4415**. Our friendly customer care team is available to assist you during normal business hours. If calling after hours, follow the recorded instructions.

This card is issued by The Bancorp Bank pursuant to a license from Visa U.S.A. Inc. The Bancorp Bank; Member FDIC. Card can be used for qualified expenses wherever Visa debit cards are accepted. See Cardholder Agreement for details.